



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Roger F. Wicker
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

MAR 26 2025

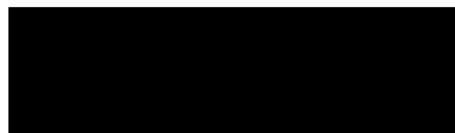
Dear Mr. Chairman:

The Department's annual response to Senate Report 112-173, pages 132-133, accompanying S. 3254, the National Defense Authorization Act for Fiscal Year (FY) 2013, "Health Care Provider Appointment and Compensation Authorities," is enclosed. Senate Report 112-173, pages 132-133, requests the Secretary of Defense, in consultation with the Director of the Office of Personnel Management, report annually to Congress on the Department's use of hiring and compensation authorities to recruit and retain health care providers in critical need occupations.

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Sincerely,



Jules W. Hurst III
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:

Reed



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Susan Collins
Chair
Committee on Appropriations
United States Senate
Washington, DC 20510

MAR 26 2025

Dear Madam Chair:

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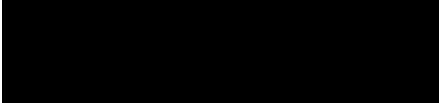


Jules W. Hurst III
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:

The Honorable Patty Murray





OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
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The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

MAR 26 2025

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Jules W. Hurst III
Performing the Duties of the Under Secretary of
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Enclosure:
As stated

cc:

The Honorable Adam Smith



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OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

The Honorable Tom Cole
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

MAR 26 2025

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As stated

cc:

The Honorable Rosa L. DeLauro



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WASHINGTON, D.C. 20301-4000

PERSONNEL AND
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The Honorable Rand Paul
Chairman
Committee on Homeland Security and
Governmental Affairs
United States Senate
Washington, DC 20510

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As stated

cc:

The Honorable Gary C. Peters



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OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

The Honorable James R. Comer
Chairman
Committee on Oversight and Government Reform
U.S. House of Representatives
Washington, DC 20515

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Jules W. Hurst III
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:

The Honorable Gerry Connolly

**Report to the Congressional Defense Committees,
the Committee on Homeland Security and
Governmental Affairs of the Senate, and the
Committee on Oversight and Government Reform
of the House of Representatives**



**Annual Report for Fiscal Year 2013 on Health
Care Provider Appointment and Compensation
Authorities**

March 2025

The estimated cost of this report for the Department of Defense is approximately \$7,500 for the 2024 Fiscal Year. This includes \$0 in expenses and \$7,500 in DoD labor.

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Background. Senate Report 112–173, pages 132-133, accompanying S. 3254, the National Defense Authorization Act for Fiscal Year (FY) 2013, requests that the Department of Defense (DoD) report annually to Congress on its use of appointment and compensation authorities to recruit and retain experienced civilian health care professionals in critically needed health care occupations. This report summarizes the extent to which such authorities were used successfully throughout the DoD during FY 2023 to attract and retain high quality providers, as well as close gaps in shortage category and critical need health care occupations. As requested, the Department consulted with the Office of Personnel Management (OPM) on this report.

Types of Appointment and Compensation Authorities. DoD regularly uses a single Agency-specific hiring authority as well as a full range of Government-wide hiring authorities administered by OPM. A summary of these authorities is provided in Table 1 below.

Table 1. DoD and OPM Hiring Authorities

Authority/Flexibility	Scope & Coverage	DoD Specific	Government-wide
Direct Hire Authority for the Department of Defense in 5 U.S.C. § 9905 enacted December 20, 2019	Authority to appoint qualified candidates to any category of medical or health professional positions within the Department designated by the Secretary as a shortage category or critical need occupation. Appointments may be made to positions in the competitive service in the DoD without regard to chapter 33, subchapter I of title 5, U.S.C., other than sections 3303 and 3328. This authority expires September 30, 2025.	✓	
Delegated Examining processes	OPM authorizes agencies to fill competitive civil service jobs with applicants from outside the Federal workforce or Federal employees with or without competitive service status.		✓
Various non-competitive authorities	Such as Veterans Recruitment Appointment Authority, which allows non-competitive appointment of 30 percent disabled veterans leading to the conversion of career or career conditional appointment.		✓
Temporary and term appointments	Temporary and term appointments are used to fill positions when there is not a need for the job to be filled on a permanent basis.		✓
The Pathways Program	Targets internships and recent graduates.		✓
Presidential Management Fellows	Matches outstanding graduate students with exciting Federal opportunities.		✓
Schedule A for appointing individuals with disabilities and support personnel.	Allows for appointment of people with severe physical disabilities, psychiatric disabilities, and intellectual disabilities. Another Schedule A authority can be used to appoint readers, interpreters, and personal assistants for disabled employees.		✓

Appointment and pay authorities for Department of Veterans Affairs (VA) health care employees are made under the provisions of chapter 74 of title 38, United States Code (U.S.C.).

Appointment and pay authorities for DoD health care personnel are made under the provisions of title 5, U.S.C. Additionally, 10 U.S.C. § 1599c(a), authorizes DoD to use *any* authority under chapter 74 of title 38, U.S.C. OPM has delegated *certain* authorities under chapter 74 of title 38, U.S.C. to DoD (see Table 2 below). A detailed side-by-side comparison of VA and DoD's authorities available and exercised for health care personnel is provided in the Appendix.

Table 2. OPM Delegation of Title 38, U.S.C., Chapter 74 Authorities to DoD

Authorities Delegated and Available for Use	Other Authorities Delegated
Special Salary Rate Authority – § 7455(a)(1), (a)(2)(A) and (B), (b), (c), and (d)	Authority to Establish Qualifications – § 7402(a), (b), (d), and (f)
Baylor Plan and Alternate Work Schedules – § 7456 and § 7456A	Qualification-based Grading System – § 7403(a), (b)(4), (c), (e) and (f)(1)
Premium Pay – § 7453, § 7454, and § 7457(a) and (b)	Nurse and Other Health-Care Personnel: Competitive Pay System – § 7451(a), (b), (c), (d), (e), and (f)
Head Nurse Pay and Nurse Executive Special Pay – § 7452(a)(2) and (g)	Special Incentive Pay for Pharmacist Executives – § 7410(b)
Hours of Employment – § 7421(a) and § 7423(a)	
Pay for Physicians, Podiatrists, and Dentists – § 7431(a), (b), (c), (d), (e), (f) and (h)	

Utilization of Appointment and Compensation Authorities. Servicing Human Resources Offices continue to make good use of the Direct Hire Authority (DHA) under title 5 (and previously, the Expedited Hiring Authority (EHA), which ended in April 2020), demonstrating a solid Military Health System (MHS) commitment to using the enhanced hiring authorities and streamlining the hiring processes. Use of this critical hiring authority has continued to rise in the past five years and is shown below.

- FY 2019, 50 percent of all hiring actions filled by using EHA/DHA authorities
- FY 2020, 61.9 percent of all hiring actions filled by using EHA/DHA authorities
- FY 2021, 75 percent of all hiring actions were filled using DHA authorities
- FY 2022, 81 percent of all hiring actions were filled using DHA authorities
- FY 2023, 80.43 percent of all hiring actions were filled using DHA authorities

DoD widely uses various compensation authorities to attract candidates and retain employees in health care occupations. A summary is provided below:

- Special Salary Rates (SSRs) and Superior Qualifications and Special Needs Pay-Setting Authority (SQA). DoD continues to review SSR tables to ensure comparability with VA's salary ranges. In FY 2023, there were a total of 12,032 (or 27 percent) employees

within the Medical Functional Community¹ (MFC) covered by SSRs and SQAs. Additionally, the Defense Health Agency and the Military Departments reported utilizing the SQA for 1,286 health care positions. Usage of SSRs and SQAs was highest among the following mission critical occupations (MCOs) respectively: Nurse, Practical Nurse, and Pharmacist.

- Physicians and Dentists Pay Plan (PDPP). As of September 30, 2023, the MHS had approximately 1,995 physicians and 203 dentists under the PDPP. This pay plan allows DoD to offer competitive salaries and benefits to physicians and dentists, not only in comparison to VA but also with the external market. PDPP allows DoD to pay physicians and dentists a market pay that reflects the recruitment and retention needs for the specialty or assignment at a facility. The market pay of all PDPP employees is reviewed at least once every 2 years for internal and external equity. DoD continues to recruit and retain physicians and dentists by offering a combination of the recruitment, retention, and relocation incentives (commonly referred to as the 3R incentives) along with SQAs, as appropriate, in addition to the market pay allowed under PDPP.
- 3R Incentives. DoD continues to use 3R incentives to recruit and retain a world-class workforce. Recruitment incentives aid in appointing candidates in difficult to fill positions. Relocation incentives aid in relocating employees to difficult to fill positions in a different geographic area. Retention incentives aid in retaining current employees likely to leave for a different Federal position (in narrow reorganization or closure situations) or the Federal service altogether. During FY 2023, DoD provided a total of 3,041 3R incentives within the MFC (equating to more than \$2.75M). 3R incentive usage was highest among the following MCOs respectively: Nurse, Practical Nurse, and Social Work.
- Student Loan Repayment Program (SLRP). The SLRP permits DoD to repay certain types of Federal student loans (including certain student loans that are made through Federal programs or are Federally insured or guaranteed) to attract and retain highly qualified employees. During FY 2023, DoD provided SLRP benefits to more than 269 employees within the MFC (equating to more than \$2.56M). SLRP usage was highest among the following MCOs: Nurse, Practical Nurse, and Psychology.

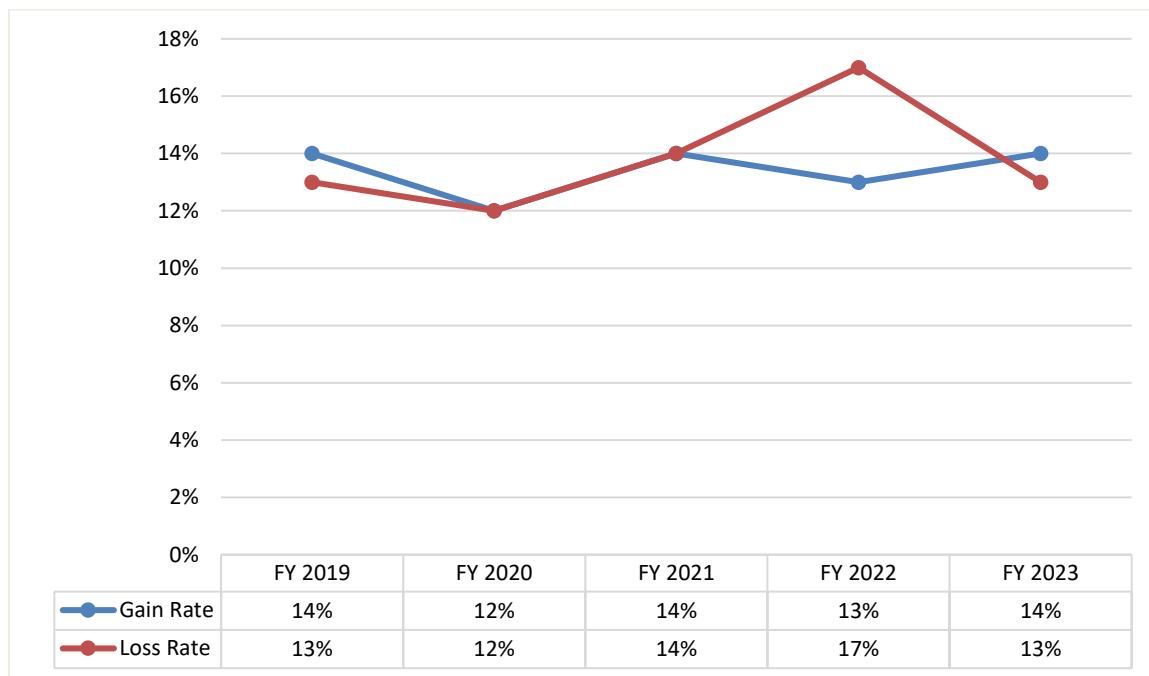
These authorities allow the Defense Health Agency and the Military Departments to leverage and mitigate losses. In addition to these compensation authorities, DoD continues to offer work-life benefits, such as flexible work schedules, telework and service credit for leave accrual, to attract high quality candidates. However, the Military Departments continue to report that comparability with VA and private sector compensation is paramount for DoD recruitment and retention.

¹ Department of Defense Instruction 1400.25, Volume 250, “DoD Civilian Personnel Management System: Civilian Strategic Human Capital Planning (SHCP),” June 7, 2016, defines a Functional Community as: “A group of one or more occupational series or specialties with common functions, competencies, and career paths to accomplish a specific part of the DoD mission.”

Analysis of Recruitment and Retention in the MFC. Recruitment and retention of health care professionals was analyzed by reviewing various metrics within the MFC, including external hires, or gains, and external separations, or losses. Gain and loss rates were determined by reviewing external gains and losses and do not include internal movement, or transfers within DoD. A thorough analysis of recruitment and retention based on these metrics is provided in this section.

External Gain and Loss Rates.² As the Figure 1 illustrates, the external gain and loss rates for all 50 occupations in the MFC were essentially within the same margin from FY 2019 to FY 2021. In FY 2022, the loss rate increased from the previous three years but significantly decreased in FY 2023. The reason for the FY 2022 escalation in losses has not been determined.

Figure 1. External Gain and Loss Rates in the MFC from FY 2019 to FY 2023



Separations in the MFC. Data for FY 2019 through FY 2023 continue to show that most MFC personnel who separate from DoD resign and separate from Federal service altogether (see Figure 2). In FY 2023, there was a shift in separations within the MFC, with a decrease in resignations but increase in external transfers. While resignations accounted for 47 percent of all separations from DoD, this is a 5-year low. The next highest category of separations in FY 2023 was retirements. Retirements slightly increased, from 21 percent in FY 2022 to 23 percent in FY 2023. The Department is tracking retirement eligibility, and it is discussed later in this report. Transfers to other Federal Agencies significantly increased, from 16 percent in FY 2022 to 22 percent in FY 2023. Of all transfers in FY 2023, 87 percent were to VA. An analysis of separations within the MCOs of the MFC is discussed later in this section. Given the age group of the resignation pool (illustrated in Figure 3), it can be presumed that most personnel who separated from DoD left the Federal service for employment outside of the Government.

² Data in the Corporate Management Information System, which houses civilian data from the Defense Civilian Personnel Data System, is the source for rate calculations.

Efforts to Understand Separations. DoD continues to track losses and gather critical qualitative information on employees' choice to exit employment with the Department. Employees are given the opportunity to share the reason for separation through employee surveys, such as the annual OPM Federal Employee Viewpoint Survey (FEVS) and Agency or unit climate assessments. Additionally, departing employees have an opportunity to use the Request for Personnel Action, SF-52, to document the reason for resignation. Unfortunately, this is not mandatory, and many employees decline to do so. However, as illustrated in Figure 2, DoD can determine what percentage of employees resign, retire, or transfer to another Government Agency. Based on input from the DoD Components, employees who separate from DoD go to organizations or facilities where they are paid more and/or to obtain better career progression. This is discussed further in the Challenges in Recruitment and Retention section of this report.

Figure 2. External Separations in the MFC by Separation Type from FY 2019 to FY 2023

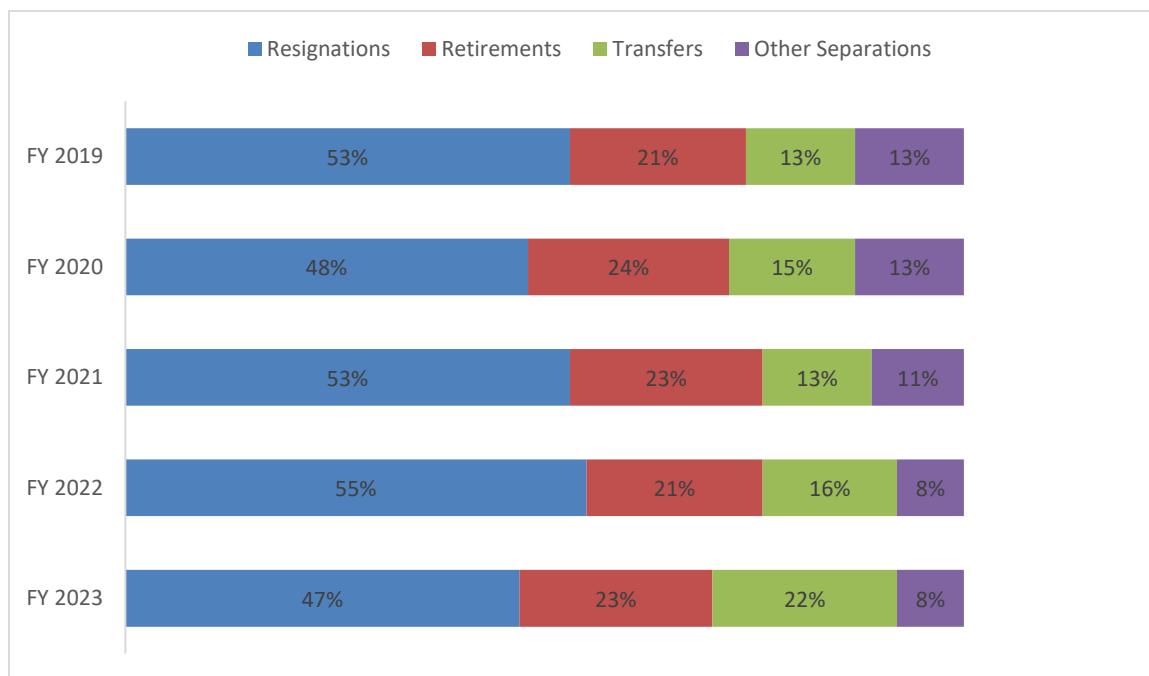
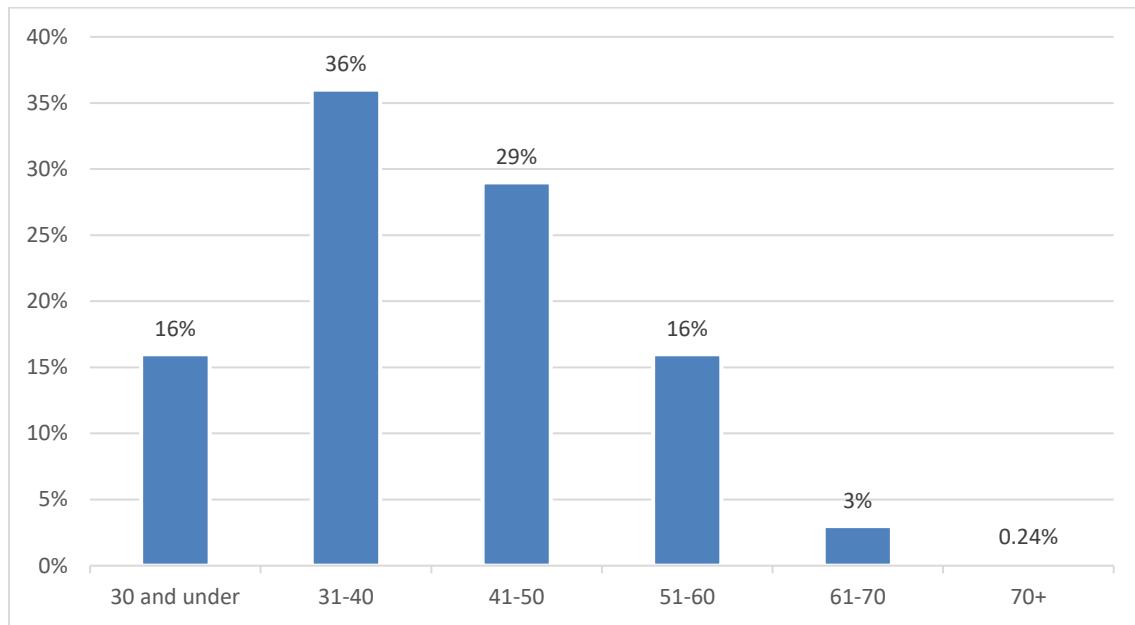


Figure 3. Resignations within the MFC in FY 2023 by Age Group



Analysis of Attrition Rate and External Separations in MCOs. Table 3 illustrates the attrition rate (or turnover) for the MCOs in the previous 5 years. Analysis of attrition rates allow the MHS to determine trends in retention. The results for FY 2023 indicate turnover has decreased across all MCOs, except for Physical Therapists and Pharmacists, which remained consistent. Since FY 2022, there has been significant improvement in the turnover of Practical Nurses, Nurses and Physician Assistants, respectively. Data from the past 5 years show that resignations account for most separations in the MCOs. The only outlier was Dental Officers, with retirements accounting for more than half of all separations. Overall, attrition rates are improving across the MCOs and efforts to continue improvements are discussed later in this report.

Table 3. Attrition Rate of MCOs from FY 2019 to FY 2023

Mission Critical Occupation	2019	2020	2021	2022	2023
Psychology (0180)	9%	7%	11%	12%	9%
Social Work (0185)	11%	11%	14%	18%	14%
Medical Officer (0602)	10%	10%	11%	12%	9%
Physician Assistant (0603)	14%	12%	13%	17%	11%
Nurse (0610)	12%	12%	13%	18%	11%
Practical Nurse (0620)	19%	17%	18%	27%	16%
Physical Therapist (0633)	12%	6%	9%	9%	9%
Pharmacist (0660)	8%	9%	10%	9%	9%
Dental Officer (0680)	15%	9%	15%	15%	13%

Analysis of Retirement Eligibility in MCOs. When combined with normal attrition rates, retirement eligibility in the MCOs, as shown in Table 4 below, will lead to increased retention challenges in the near and long term. Retirement eligibility trends are monitored to identify circumstances which may require additional focus and expanded use of hiring and compensation authorities. While there are numerous efforts underway to improve recruitment and retention, these initiatives alone may not be successful in meeting future MCO needs.

Table 4. MCO Employees Currently Eligible to Retire or Eligible to Retire within the Next 5 Years

Mission Critical Occupation	Retirement Eligibility (Currently or within 5 years)
Psychology (0180)	28%
Social Work (0185)	27%
Medical Officer (0602)	49%
Physician Assistant (0603)	35%
Nurse (0610)	29%
Practical Nurse (0620)	27%
Physical Therapist (0633)	18%
Pharmacist (0660)	24%
Dental Officer (0680)	55%

Challenges in Recruitment and Retention in the MFC. DoD Components have identified Nurses (Registered and Licensed Practical), Psychologists and Social Workers as difficult MCOs to recruit and retain. The most challenging health care professionals to recruit are entry-level nurses. One of the biggest hurdles is the OPM Classification Standards, which places entry-level positions in the Nursing 0610 series at the GS-5 and GS-7 level. The salary rates for the GS-5 and GS-7 levels cannot compete with private sector pay, which is much higher.

DoD Components are also reporting losses to the private sector as the primary barrier to recruitment and retention as DoD is unable to compete with compensation packages offered by private hospitals. Compensation inequities are exacerbated by supply and demand. The need for health care professionals across the nation exceeds the number of people entering the health care field. Additionally, the pool of available skilled health care providers is often limited by the remote geographic locations of many military medical treatment facilities (MTFs).

Other challenges include budget constraints and the requirement to adhere to title 5 pay limitations, which may cap certain compensation authorities, such as SSRs. Although DoD can request exceptions to certain pay limitations, the processes for these requests are lengthy and even if approved, funding may not be available. These limiting factors impede DoD's ability to implement some authorities, further exasperating competition with the private sector and alignment with VA.

Recruitment Mitigation Strategies and Successes. In addition to the utilization of appointment and compensation authorities, the DoD Components have implemented various mitigation strategies to address recruitment challenges. These include:

- Defense Health Agency Headquarters Medical Recruitment Team (MRT) Cell. This group performs nationwide recruitment for medical MCO positions and generates awareness of DoD health care employment utilizing social media forums, employment sites, medical journals, and conferences. In FY 2023, the MRT Cell recruiters attended 57 conferences generating 783 leads for hard-to-fill occupations. Additionally, the MRT cell referred 2,094 qualified candidates. Of those referred, 547 entered on duty and 515 were selected and at various stages of in-processing as of the end of FY 2023. These hires were primarily in the following MCO occupations: Nurse, Practical Nurse, and Medical Officer, respectively.
- Defense Health Agency Hiring Manager Guide. The Defense Health Agency continues to educate and inform hiring managers of available incentives, authorities, guidelines, and policies they can use to recruit, retain and motivate their workforce via the Hiring Manager Guide. Additionally, the Agency continues to authorize and encourage the use of 3R incentives based on position, location, and funding availability, to attract and retain qualified personnel.
- Defense Health Agency Rapid Hiring Pilot. This approach was as a partnership with participating MTF Human Resources (HR), Civilian Human Resources Agency (CHRA) and the pre-employment stakeholders to establish a concierge-type service that facilitated a same-day walkthrough of the pre-employment process for prospective employees. This pilot was very successful in improving the onboarding time.
- Defense Health Agency Tentative Job Offer (TJO) -Entrance on Duty Pilot. Participating MTF's HR staff were granted limited access in the USA Staffing website to issue TJOs and Official Job Offers (OJOs). This was another collaborative effort with CHRA to clear the backlog of candidates. In addition to issuing TJOs and OJOs, some MTFs also completed the pre-employment process to help improve the time to hire. This pilot resulted in an increased number of onboarded personnel.
- Air Force Personnel Center Talent Acquisition Division Medical Career Team. This team provides maximum use of marketing and recruitment tools to expand talent candidate searches to reach highly qualified candidates for MCO vacancies. The team also works with hiring officials to provide strategic workforce planning, forecasting and analysis with innovative marketing acquisition tools, sourcing strategies and effective hiring practices to address short/urgent and long-term hiring needs.
- Navy “Get Real, Get Better”. In FY 2023, Navy implemented several initiatives as part of the “Get Real, Get Better” process improvement plan designed to improve retention and recruitment, and to provide timely and accurate data to assist with future workforce planning actions. These initiatives included creation of a Navy Medicine employee engagement group to address challenges identified in exit surveys and FEVS, increased

marketing to hiring officials of the recruitment incentives available to them (which resulted in a 10 percent increase in the use of these incentives), and promotion of alternative work schedules where direct patient care would not be impacted. The Navy continues to monitor compensation packages available to health care occupations and work directly with the MFC managers to assist with better marketing and analyzing workforce data to initiate a plan to increase recruitment and retention of health care professionals.

- Navy SSR Update for Nurses in San Diego Area. After VA increased its compensation for nurses and a trend of nurses leaving for higher salary was identified, the local command took a proactive approach and submitted a request to update the SSR for nurses. However, because the approval process was expected to be lengthy, the command approved group retention incentives as a stopgap measure to ensure compensation packages were comparable to the updated SSR request and continued those group incentives until the updated SSR was approved.
- Army Civilian Vacancy Working Group. Composed of civilian HR, budget, and manpower subject matter experts, this group thoroughly reviews authorized numbers, current on-hand strength, current vacancies, as well as projected vacancies. This will allow the Army to be better postured to plan for normal attrition due to projected retirements, or general losses due to employee turnover.
- U.S. Army Medical Command (MEDCOM) Partnership with CHRA. MEDCOM harbors most healthcare positions with the Department of Army. MEDCOM has partnered with CHRA to establish open continuous announcements for positions experiencing high turnover, especially mission critical positions, to ensure there is an ongoing pool of talent to select from as needed.

Conclusion. The DoD Components continue to report the inability to match the compensation offered by other Federal agencies and the private sector as the biggest challenge for the recruitment and retention of health care professionals. When asked whether additional appointment and compensation authorities were needed, all the Components responded they did not need additional authorities beyond what is already available through the OPM Delegation Agreement and 10 U.S.C. § 1599c(a). Meanwhile, the Components continue to utilize appointment and compensation authorities to maintain a world-class workforce. Seeking new methods and identifying opportunities for improvement are critical as no single solution will resolve the MHS' recruitment, retention, and compensation challenges. The utilization of appointment and compensation authorities will continue to be evaluated and results of new approaches will be included in the FY 2024 report. DoD anticipates that the efforts of the Components, in combination with efforts at the MHS enterprise level, will positively impact the ability to recruit and retain highly qualified health care professionals. DoD will continue to leverage existing compensation authorities and tools for recruitment and retention to the best of its ability to meet expanding operational readiness mission and evaluate and adjust recruitment strategies to address mission needs.

Appendix: Comparison of Health Care Personnel Authorities Available and Exercised by VA and DoD

VA	DoD
§ 7401 – Appointments in the VHA	Not applicable
§ 7402 – Qualifications of Appointees	Not in use
§ 7403 – Period of Appointments; promotions	Not in use
§ 7404 – Grades and Pay Scales	Partially in use via OPM Delegation of Title 38
§ 7404A – Awards	In use via comparable authorities under Title 5
§ 7405 – Temporary full-time appointments, part-time appointments and without compensation appointments	In use via comparable authorities under Title 5
§ 7406 – Residencies and Internships	Not in use
§ 7407 – Administrative provisions for Section 7405 and 7406 appointments. Recruit without regard to the citizenship requirements	Not in use
§ 7408 – Appointment of additional employees	In use via comparable authorities under Title 5
§ 7409 – Contracts for scarce medical specialist services	In use via comparable authorities under Title 5
§ 7410 – Additional Pay Authorities	Not applicable
§ 7411 – Full-time board-certified physicians and dentists: Reimbursement of Continuing Professional education expenses	In use via comparable authorities under Title 5
§ 7412 – Annual determination of staffing shortages; recruitment and appointment for needed occupations	Not in use
§ 7413 – Treatment of podiatrists; clinical oversight standards	Not in use
§ 7414 – Compliance with requirements for examining qualifications and clinical abilities of health care professionals	In use via comparable authorities under Title 5
§ 7421 – Personnel Administration in general	Partially in use via OPM Delegation of Title 38
§ 7422 – Collective bargaining	In use via comparable authorities under Title 5
§ 7423 – Personnel Administration: Full-time employees	Partially in use via OPM Delegation of Title 38
§ 7424 – Travel expenses for certain employees	In use via comparable authorities under Title 5
§ 7425 – Employees: laws not applicable	Not applicable
§ 7426 – Retirement Rights	In use via comparable authorities under Title 5
§ 7431 – Pay	Partially in use via OPM Delegation of Title 38
§ 7432 – Pay of Under Secretary for Health	Not applicable
§ 7433 – Administrative Matters	Not applicable
§ 7451 – Nurses and Other Health –Care Personnel Competitive Pay System	Not in use
§ 7452 – Nurses and other health-care personnel: Administration of Pay	Partially in use via OPM Delegation of Title 38

§ 7453 – Nurses: Additional Pay	In use via OPM Delegation of Title 38
§ 7454 – Physician assistants and other health care professionals: additional pay	In use via OPM Delegation of Title 38
§ 7455 – Increases in rates of basic pay	In use via OPM Delegation of Title 38
§ 7456 – Nurses: Special rules for weekend duty	In use via OPM Delegation of Title 38
§ 7456A – Nurses: Alternate work schedules	In use via OPM Delegation of Title 38
§ 7457 – On-call pay	Partially in use via OPM Delegation of Title 38
§ 7458 – Recruitment and Retention Bonus Pay	In use via comparable authorities under Title 5
§ 7459 – Nursing staff: Special Rules for Overtime Duty	In use via comparable authorities under Title 5
§ 7461 – Adverse Actions: Section 7401(1) employees	In use via comparable authorities under Title 5
§ 7462 – Major adverse actions involving professional conduct or competence	In use via comparable authorities under Title 5
§ 7463 – Other adverse actions	In use via comparable authorities under Title 5
§ 7464 – Disciplinary Appeals Boards	In use via comparable authorities under Title 5
§ 7471 – Designation of Regional Medical Education Centers	Not applicable
§ 7472 – Supervision and staffing of Centers	Not applicable
§ 7473 – Personnel eligible for training	Not applicable
§ 7474 – Consultation	Not applicable